## SMALL BUSINESS IMPACT STATEMENT FORM

## See SDCL 1-26-2.1

1. Our agency has determined that the rule/s we are proposing have the following type of

impact on smal	l businesses:	
☐ Direct impa	ct (please complete remainder of fo	orm)
_	act (please provide a brief expland through 8 do not need to be answ	ation, then sign, date, and submit form. ered)
. ~	(please provide a brief explanation	· · · · · · · · · · · · · · · · · · ·
	through 8 do not need to be answe	-
South Dako pension ben		
8-2-16 Dated	Authorized Signature	South Dakota Retirement System